U.S. De artment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7///	2. Fiscal Year Covered From:			
	01/01/04 Through: 12/31/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Linda & Rashussen	Name COMMUNICATIONS WKrs of AM			
	Labor Organization File Number			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 6846 DE Alameda St	Street 8401 NB Halsey St-Ste 101			
city PORTLAND	city RORDIAND			
State OREGON ZIP Code + 4 97213	State Oregon ZIP Code + 4 97220			
5. Position in labor organization. STAFF Representative				

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name QWest COMMUNICATIONS	QWest /CWA Presidents Meeting			
Trade Name, if any:	June 21-22 2004			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street 1801 CallorRN1a	AIRFARE - Ptid to Den'er + Return			
city benver	298. 2D			
State CO ZIP Code + 4				

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signed	Lendall. Rasmusser	On	8 August 05	503-252-025/ Telephone Number			

ZIP Code + 4

or Consultant

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B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
	IZ.D. Alliquit.
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	

14.b. Amount of payment.

13.b. Is the Business an Employer

State

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